



State of Vermont

Department of Vermont Health Access

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PHARMACY BENEFIT PROGRAMS PROVIDER SATISFACTION SURVEY

The Department of Vermont Health Access (DVHA) contracts with Change Healthcare to support Vermont's publicly funded pharmacy benefit programs. The Change Healthcare help desk supports all pharmacies and prescribers enrolled in Vermont's pharmacy benefit programs such as Medicaid and Dr. Dynasaur and is the first point of contact for pharmacy and medical providers for drug prior authorization requests, drug claims processing issues, and other drug-related questions, concerns and complaints.

Change Healthcare is conducting a provider satisfaction survey of pharmacies and prescribers. This survey is required annually by DVHA to assure that enrolled providers are receiving the highest quality of service possible from its contracted vendors. Your participation in this survey is very important to DVHA as responses from this survey will be used for quality improvement efforts.

The entire survey should take less than 5 minutes to complete and can be found at the following link: https://changehealthcare.co1.qualtrics.com/jfe/form/SV 7QjutzmXVcbkOI5.

The survey can also be accessed by using the following QR Code:



If you have any questions, please contact Nancy Miner at (802) 922-9612 or by email at nminer@changehealthcare.com.

If you are not able to access the internet from your location, you can manually fill out the attached survey and fax it back to the Change Healthcare Help Desk at 844-679-5366 or mail it to Change Healthcare at 1 Green Tree Drive, Suite 2, South Burlington, VT 05403.

Thank you for your valuable time in completely this survey. Your input is important to us.

Vermont Medicaid Provider Satisfaction Survey Are you a prescriber or do you represent a pharmacy? Prescriber How would you describe the overall level of customer service provided by Change Healthcare? Outstanding Adequate **Needs Improvement** What does Change Healthcare do well? What could Change Healthcare do to improve their services?

Please indicate the extent to which you agree or disagree with the following statements.

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree | | | |
|--|-------------------------|----------------|----------------------------|-------------------|-------------------|--|--|--|
| Change Healthcare call center pharmacists and technicians answer the phone promptly | 0 | 0 | 0 | 0 | 0 | | | |
| The call center pharmacists and technicians are knowledgeable and able to answer my questions | 0 | 0 | 0 | 0 | 0 | | | |
| My prior authorizations are processed within a timely manner | 0 | \circ | 0 | 0 | \circ | | | |
| When calling after hours, the help desk staff responds promptly to my call | 0 | \circ | 0 | 0 | \circ | | | |
| O Yes | | | | | | | | |
| | | | | | | | | |
| For what purpose(s) h Circle all that apply | lave you utilized the w | /ebsite? | | | | | | |
| Bulletins & Advisor | Bulletins & Advisories | | | | | | | |
| Preferred Drug List | | | | | | | | |
| MAC List | | | | | | | | |
| Prior Authorization Request and Order Forms | | | | | | | | |
| Pharmacy Provider Manual | | | | | | | | |
| Preferred Diabetic Supplies Listing | | | | | | | | |
| FDA Alerts | | | | | | | | |
| Other (specify) | | | _ | | | | | |

Please indicate the extent to which you agree or disagree with the following statement.

| | Strongly agree | Somewhat agree | Neither agree nor disagree | Somewhat disagree | Strongly disagree |
|--|--------------------------|------------------------|-------------------------------|-------------------------|-------------------------------|
| The Preferred Drug List (PDL) on the DVHA website is easy to find and use | 0 | 0 | 0 | 0 | 0 |
| Why do you disagree | with this statement? | | | | |
| Is there anything you | would like to see on tl | ne DVHA website locat | ed at http://dvha.ver | mont.gov/for-provider | s/pharmacy? |
| (Please describe below) | | | | | |
| | | | | | |
| | | Webs, the state's new | | ortal, which enables el | ectronic submissions of prior |
| Yes | ovides look-up leature | s for member benefits | and drug mistory: | | |
| O No | | | | | |
| That's great that you'd | d like to enroll with eV | Vebs! Please provide y | vour email address: | | |
| Do you currently rece | ive informational bulle | etins from DVHA's Pha | rmacy Unit and/or Ch | nange Healthcare on im | portant changes? |
| Yes | | | | | |
| O No | | | | | |